#### **Business Cover Professional - Farmers Revenue Protection Cover**

#### **SECTION A - DEFINED TERMS**

#### **DEFINED TERMS**

In this **Policy** certain words have particular meanings. These words are in **Bold** and the meanings set out below.

#### Interpretation

Throughout this **Policy** 'We', 'Our', 'Us' or 'AIA New Zealand' means AIA International Limited - New Zealand Branch, and/or any related and/or authorised companies and/or agents (including company officers acting in the scope of their authority). 'You' or 'Your' means the **Policy Owner(s)**.

#### Benefit(s)

Means the **Benefit** specified in the **Policy Schedule** (and subject to the terms and conditions of this **Policy**).

#### **Benefit Period**

Means the Benefit Period specified in Your Policy Schedule.

#### **Civil Union**

Means a Civil Union as defined in the Civil Union Act 2004.

#### **Criminal Act**

Means participation in an action that constitutes an offence under the Crimes Act 1961, whether or not that action results in a conviction on indictment or on summary conviction.

#### Life Assured

Means the Life Assured or Lives Assured listed in Your Policy Schedule.

#### **Manifested**

Means that symptoms have arisen which cause an ordinarily prudent person to seek diagnosis, care or treatment, or that medical advice or treatment has been recommended by or received from a **Medical Practitioner**.

#### **Medical Practitioner**

Means any person approved by **Us** registered with the Medical Council of New Zealand to render medical or surgical services, and who holds an Annual Practising Certificate. For diagnoses made outside New Zealand, this definition covers any appropriately qualified medical professional approved by **Us**. This definition excludes any person who is himself/herself the **Life Assured**, the **Policy Owner**, the spouse, de facto spouse, **Civil Union** partner, lineal relative, or business partner/associate of the **Life Assured** or **Policy Owner**.

#### **Policy**

This **Policy** is an annually renewable term life insurance **Policy**, with cover for the **Life Assured** commencing from the **Policy Commencement Date** specified in the **Policy Schedule** and terminating in accordance under Section B, Clause Nine (9). This **Policy** is a contract of insurance between **You** and **Us**. It includes the following parts:

- Your application for insurance; and
- · this Policy wording; and
- the Policy Schedule; and
- any addendum to the Policy Schedule; and
- any other written notice that We give You; and
- any written notice that You give Us.

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#### **Policy Anniversary Date**

Means the anniversary of the Policy Commencement Date.

#### **Policy Commencement Date**

Means the commencement date of the **Policy** as specified in **Your Policy Schedule**.

#### **Policy Owner**

Means the **Policy Owner** identified in the most recent **Policy Schedule** issued to **You** by **Us**.

#### **Policy Schedule**

Means the most recent **Policy Schedule** issued to **You** by **Us**, including any endorsements or special conditions.

#### **Policy Year**

Means the twelve (12) month period which starts from the **Policy Commencement Date** and ends on the **First Anniversary Date**. Each subsequent **Policy Year** is from **Policy Anniversary Date** to **Policy Anniversary Date**.

#### **Premium**

Means the **Premium** specified in **Your Policy Schedule** or in any subsequent notice issued to **You** by **Us**.

#### **Premium Rates**

Means the underlying **Premium Rates We** use to calculate **Your Premium** based on factors including the age, health, occupation and circumstances of the **Life Assured**.

#### **Sum Assured**

Means the **Sum Assured** for the **Benefit(s)** as set out in **Your Policy Schedule**.

#### **Total Premium**

Means the sum of the **Premium** and policy fee together with any applicable GST as specified in **Your Policy Schedule**.

### **Waiting Period**

Means the **Waiting Period** specified in the **Policy Schedule** of continuous **Total Disability** which must elapse from the date upon which the **Life Assured** first received medical advice from a **Medical Practitioner** in respect of that disability before the monthly **Benefit** becomes payable.

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#### **SECTION B - FARMERS REVENUE PROTECTION COVER CONDITIONS**

### JURISDICTION AND CURRENCY

1

The laws of New Zealand apply to this **Policy**. The New Zealand courts have exclusive jurisdiction. All monetary amounts referred to in this **Policy** are expressed and payable in New Zealand dollars and include GST.

# RESPONSIBILITY FOR TRUTHFULNESS

2 A

When **You** apply for insurance with **AIA New Zealand** and when **You** make a claim on the **Policy**, **You** have a legal duty of disclosure to **AIA New Zealand**.

The duty of disclosure means that:

- All the statements that You or any Life Assured make to AlA New Zealand (both written and oral), including the answers in:
  - a. the application;
  - b. any claim made by You; and
  - c. any other communication by You or any Life Assured with AIA New Zealand:

must be complete, true and correct.

- You and any Life Assured must disclose everything that You or any Life Assured know, or could reasonably be expected to know, that is relevant to AIA New Zealand's decision whether:
  - a. to accept Your application for insurance, on what terms AIA New Zealand will accept it and how much it will cost; or
  - b. to accept Your claim on the Policy.
- 3. This duty of disclosure in relation to **Your** application for insurance continues from the time **You** complete the application until either:
  - a. the **Policy Commencement Date** or the date **AIA New Zealand** accepts **Your** application for insurance, whichever is later; or
  - b. AIA New Zealand declines Your application for insurance.
- 4. You and any Life Assured also have the same duty of disclosure to AIA New Zealand throughout the term of the Policy whenever You or any Life Assured communicate with AIA New Zealand and whenever You extend, vary or reinstate Your insurance.

#### IMPORTANT

If **You** or any **Life Assured** do not comply with **Your** duty of disclosure, **AIA New Zealand** may at its discretion do any or all of the following:

- 1. Decline any claim that You make;
- 2. Alter the terms of any **Benefits** under the **Policy**;
- 3. Remove any Benefits under the Policy;
- 4. Avoid Your Policy from the Policy Commencement Date;
- Retain all **Premiums**, policy fees and recover any **Benefits** paid;
- 6. Terminate this Policy.

If You are not sure whether You are required to disclose a particular fact, please ask AIA New Zealand or Your insurance adviser.

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B If the age of the **Life Assured** was misstated in the application, the amount payable under this **Policy** will be adjusted to the amount that the **Premiums** would have purchased if the correct age had been disclosed.

#### PREMIUM RATES

3

5

No increase in **Premium Rates** will apply to this **Policy** as a result of a change in the health, occupation or circumstances of the **Life Assured**. However, **We** have the right to review at any time and from time to time the **Premium Rates** and handling fees applicable to all Farmers Revenue Protection Cover policies and to apply the reviewed rates and fees to this **Policy** on thirty (30) days notice.

## PREMIUM PAYMENTS

With **Our** agreement the annual **Total Premium** may be paid by equal fortnightly, monthly, quarterly or half-yearly instalments but with such handling fees as **We** shall determine from time to time. **We** may cancel this arrangement at any time in respect of future **Total Premiums**.

**You** may apply to **Us** to change the **Premium** or **Benefits** attributable to this **Policy**. Subsequent to this, **We** may change the **Premium** and/or alter any **Benefits** under this **Policy** in accordance with this instruction.

#### POLICY FEE

We will charge You a policy fee, which forms part of Your Total Premium. The policy fee is used to pay the ongoing administration costs of this Policy. The policy fee is specified in Your Policy Schedule. We may change this policy fee from time to time. If this occurs any such change will be notified to You in writing.

# PERIOD OF ASSURANCE

The term of this **Policy** and the period of assurance covered by each annual **Total Premium**, or instalment of annual **Total Premium**, terminate on the due date of the next annual **Total Premium** or instalment. A thirty (30) day grace period is allowed after the due date for payment of each **Total Premium**.

This **Policy** will automatically terminate if the **Total Premium** is not paid before the expiration of the grace period. In such an instance this **Policy** can be reinstated subject to:

- · Our consent: and
- such evidence of health of the Life Assured as We may require; and
- the payment of all **Total Premiums** in arrears together with such interest thereon as **We** may decide.

We may vary your **Benefits**, charge additional **Premiums** or not allow **You** to reinstate the **Policy** if the health, occupation, financial position or pastimes of the **Life Assured** have changed.

### CLAIM PROCEDURE

- Written proof of **Total Disability** acceptable to **Us** must be given to **Us** within thirty (30) days after the **Life Assured** becomes **Totally Disabled**.
- B If You do not provide written proof satisfactory to Us within that time, the Waiting Period may be deemed by Us to have commenced no earlier than thirty (30) days before We received written proof.

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- **C** Any expense incurred in providing due proof of the existence of a claim or of income shall be borne by **You**.
- We shall have the right and opportunity to call for an examination of the Life Assured by any Medical Practitioner or appropriately qualified health professional of Our choice at Our expense as often as We may reasonably require both during the initial assessment of a claim and during any ongoing claim.
- E If the **Life Assured** suffers personal injury or sickness which is as a result of or in any way caused by any other person or party, then **We** shall be entitled at **Our** expense and in the name of the **Life Assured** to take any proceedings necessary to obtain recovery from any other party. The **Life Assured** must provide all reasonable assistance and co-operation in the prosecution of the claim.
- F Responsibilities of **Life Assured** during claims assessment and while in receipt of Farmers Revenue Protection Cover **Benefits**:
  - Undergo assessment of present and likely capabilities for the purposes of rehabilitation, at the expense of AIA New Zealand.
  - Follow the advice of the treating Medical Practitioner, including recommended courses of treatment and rehabilitation.
  - Co-operate with AIA New Zealand in the development and implementation of a rehabilitation plan in order to endeavour to terminate or reduce the extent of any disability, impairment or incapacity.
  - 4. The **Life Assured** must notify **AIA New Zealand** before he or she returns to any work, paid or unpaid, in any capacity.
  - 5. The **Life Assured** must advise **AIA New Zealand** immediately if they increase work hours.
  - If any of these responsibilities are not met by the Life
     Assured when reasonably required by AIA New Zealand,
     We have the right to either suspend claim payments or decline Your claim.
    - a. AIA New Zealand must give the Life Assured written notice of any proposed suspension not less than thirty (30) days before the proposed suspension date.
    - AIA New Zealand may decline to provide any Benefit for as long as the Life Assured unreasonably fails to comply with any requirement of the terms and conditions relating to Your claim or fails to meet their responsibilities outlined above.

**We** also have the right to recover overpayments from **You**, if these responsibilities are not met.

### FORFEITURE OF PREMIUMS

If this **Policy** is avoided or terminated under any of the terms and conditions of this **Policy** all **Total Premiums** paid shall be absolutely forfeited to **Us**.

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TERMINATION	9	A B C D	Unless previously terminated, this <b>Policy</b> and any ongoing claims shall terminate on the earliest of: The anniversary of the <b>Policy Commencement Date</b> following the <b>Life Assured</b> attaining the age of sixty-five (65) regardless of whether a claim is being paid. Written notification of cancellation from <b>You</b> to <b>Us</b> at any time. The death of the <b>Life Assured</b> . Non-payment of <b>Total Premium</b> as set out in Clause 6 "Period of Assurance" above.
WORLDWIDE COVER	10		Cover under this <b>Policy</b> applies twenty-four (24) hours a day, anywhere in the world. If <b>You</b> are overseas during the period of a claim, <b>Benefits</b> will be paid in New Zealand currency.
ENTIRE CONTRACT	11		This <b>Policy</b> is the entire contract of insurance between <b>You</b> and <b>AIA New Zealand</b> .
TAX CHANGES	12		In the event of any changes in taxation after the <b>Policy Commencement Date</b> which affects the <b>Benefits</b> or <b>Our</b> liability, <b>We</b> may make such amendments or modifications to the <b>Premium</b> and <b>Benefits</b> and this <b>Policy</b> as <b>We</b> consider appropriate.
GENERAL	13	A B C	This <b>Policy</b> does not participate in bonus distributions or acquire a cash surrender, loan or maturity value. Where this <b>Policy</b> refers to an Act of Parliament, this includes any Regulations made under it. It also includes any Act or Regulations enacted in substitution. <b>Your</b> life insurance <b>Policy</b> is part of the <b>AIA New Zealand</b> Statutory Fund, effective 1 <sup>st</sup> September 2013. This is a requirement under the Insurance (Prudential Supervision) Act 2010, for policyholder protection.
FREE LOOK PERIOD	14		To enable <b>You</b> to consider the <b>Policy</b> in detail <b>You</b> will have a free look period of fourteen (14) days after <b>You</b> receive <b>Your Policy</b> document. During this period, if <b>You</b> decide that the <b>Policy</b> does not suit <b>Your</b> needs then <b>You</b> may return it to <b>Us</b> and receive a full refund of all <b>Total Premiums</b> paid and the <b>Policy</b> will be cancelled.
NOTICES	15		Should <b>You</b> write to <b>Us</b> about this <b>Policy</b> , <b>You</b> must send the letter to <b>Our</b> head office in New Zealand as notified by <b>Us</b> to <b>You</b> from time to time.
			The postal address of <b>AIA New Zealand's</b> head office is: <b>AIA New Zealand</b> Private Bag 300981 Albany AUCKLAND CITY 0752
			The street address of <b>AIA New Zealand's</b> head office is: <b>AIA New Zealand</b> Level 15 5-7 Byron Avenue Takapuna AUCKLAND CITY 0740

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#### **SECTION C - FARMERS REVENUE PROTECTION COVER BENEFITS**

#### **TOTAL DISABILITY** 1 If the Life Assured is Totally Disabled, We will pay, following **BENEFIT** the Waiting Period, the monthly Benefit for such period as the Life Assured remains Totally Disabled up to the Benefit Period or until the Life Assured is no longer Totally Disabled, whichever is the sooner. This is a monthly Benefit payable in advance subject to receipt of a progress report completed by the Life Assured and a Medical Practitioner. RECURRENT 2 Successive periods of Total Disability resulting from the same **DISABILITY BENEFIT** or related cause within twelve (12) months of resuming work shall be considered a continuation of the same Total Disability and no Waiting Period shall apply. Such periods of recurrent Total Disability shall be added to the original Total Disability period for the purposes of applying the Benefit Period. WAIVER OF 3 During a period of **Total Disability** or **Recurrent Disability** for **PREMIUM** which a monthly Benefit is being paid, all Premiums due will be waived by **Us**. **LEAVE WITHOUT** If the Life Assured takes a period of leave without pay from 4 **PAY** his/her regularly remunerated occupation, You may elect to: Suspend cover and the payment of Total Premiums for a Α maximum of twelve (12) months provided You have given Us prior notice and obtained Our approval. We will resume cover without requiring evidence of health for any insured person when the requested suspension period expires. Once cover is reinstated, Total Premiums must recommence. We will not pay any Benefits under this Policy in respect of В any event that occurs while cover is suspended. **PREMIUM** 5 Please note that the **Premium Rates** are not guaranteed and are subject to review from time to time. The Premium will be determined by the **Premium Rates** in effect at that time. **RENEWAL** The Farmers Revenue Protection Cover Benefit may be renewed up to the anniversary of the **Policy Commencement** Date following the Life Assured attaining age sixty-five (65) as per the Policy Schedule, regardless of changes in the health or occupation of the Life Assured. **EXCLUSIONS** No **Benefits** shall be paid if the **Life Assured** is working less than thirty (30) hours per week at the time of making a claim. No Benefits shall be paid under this Policy if the injury or sickness resulting in Total Disability directly or indirectly was caused by or resulted from:

A Intentionally self-inflicted injury whether the **Life Assured** is sane or insane.

B Participation in any Criminal Act.

Pregnancy, childbirth, abortion or miscarriage unless the **Total Disability** lasts for more than ninety (90) days after the end of the pregnancy, at which time the **Waiting Period** will commence.

**D** Any injury, sickness, or related condition in respect of which twenty four (24) months of the **Benefit** has already been paid.

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#### **SECTION D - FARMERS REVENUE PROTECTION PLAN DEFINITIONS**

#### TOTAL DISABILITY

- Means a period of injury or sickness commencing when the **Life Assured** first received advice from a **Medical Practitioner** for that injury or sickness provided that:
- A The Life Assured is under the regular and personal care of a Medical Practitioner; and
- B The Life Assured is not engaged in any occupation from which the Life Assured derives income; and
- C The Life Assured is unable to perform his or her own occupation as the result of that injury or sickness for more than ten (10) hours per week. Inability to perform the Life Assured's occupation is defined by Occupation Class 3 for example but not limited to: primary producers: dairy, sheep, beef, mixed farming and orchardists, fish or viticulturists.

  Totally Disabled has a corresponding meaning.
- D The **Life Assured's** injury or sickness is supported by clinical evidence and approved by **Our** Chief Medical Officer.
- The condition resulting in the **Total Disability** must have first **Manifested** itself after the **Policy Commencement Date** shown in the **Policy Schedule**, or after the date of any reinstatement or increase of the **Policy**.

#### **OFFSETS**

2

This **Benefit** will not be reduced by any other income replacement benefits being received by **You** in respect of the **Life Assured**.

(INSIGHT 35.0.0 May 2019)

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